

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>COMMITTEE TO ELECT BRIAN LINICK</b>						Registration Number, if PAC			
Full Name of Candidate <b>Brian H. Linick</b>									
Street Address <b>26705 Hurlingham Road</b>						Office Sought <b>Mayor</b>		District <b>Beachwood</b>	
City <b>Beachwood</b>						State <b>O H</b>		Zip Code <b>44122</b>	
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input checked="" type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General	Annual Year				
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination					
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		M 1 1		D 0 5	
						Y 1 3			

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 55.10
2. Total monetary contributions (From Form No. 31-A)	\$ 21,087.00
3. Total other income (From Form No. 31-A-2)	\$ 5,160.16
4. Total funds available (sum of lines 1, 2, 3)	\$ 26,302.26
5. Total monetary expenditures (From Form No. 31-B)	\$ 17,885.61
6. Balance on hand (line 4 minus line 5)	\$ 8,416.65
7. Value of in-kind contributions received (From Form No. 31-I-1)	\$ 2,980.64
8. Value of in-kind contributions made (From Form No. 31-I-2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 5,150.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$ 0.00
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

**Brian Linick, Deputy Treasurer**

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

**10/24/13**

Date

Contribution pages <b>11</b>
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Expenditure pages <b>9</b>
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Other pages <b>7</b>
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Total pages <b>27</b>
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10/24/13 PM 1:44

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee to Elect Brian Linick</b>							
Full Name of Contributor <b>Adam Schwartz</b>					Registration Number, if PAC		
Street Address <b>1309 Summerhill</b>		Employer/Occupation/Labor Organization* <b>Insurance Sales</b>			Form (Cash, Check, etc.) <b>Credit</b>		
City <b>Malvern</b>	State <b>P A</b>	Zip Code <b>19355</b>	M <b>0</b>	D <b>7</b>	Y <b>1</b>	Amount <b>1,000.00</b>	
Full Name of Contributor <b>Mike Burkons</b>					Registration Number, if PAC		
Street Address <b>2466 Richmond Road</b>		Employer/Occupation/Labor Organization* <b>Charitee Golf</b>			Form (Cash, Check, etc.) <b>Credit</b>		
City <b>Beachwood</b>	State <b>O H</b>	Zip Code <b>44122</b>	M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Richard Fishman</b>					Registration Number, if PAC		
Street Address <b>24065 Greenlawn</b>		Employer/Occupation/Labor Organization* <b>Dillards</b>			Form (Cash, Check, etc.) <b>Credit</b>		
City <b>Beachwood</b>	State <b>O H</b>	Zip Code <b>44122</b>	M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>David Cunix</b>					Registration Number, if PAC		
Street Address <b>160 Fox Hollow Dr., #402</b>		Employer/Occupation/Labor Organization* <b>Bogart, Cunix &amp; Browning, LLC</b>			Form (Cash, Check, etc.) <b>Credit</b>		
City <b>Mayfield Hts.</b>	State <b>O H</b>	Zip Code <b>44124</b>	M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Oscar Castro</b>					Registration Number, if PAC		
Street Address <b>2824 Shakercrest Blvd.</b>		Employer/Occupation/Labor Organization* <b>not employed</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Beachwood</b>	State <b>O H</b>	Zip Code <b>44122</b>	M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Diane Linick</b>					Registration Number, if PAC		
Street Address <b>26703 Hurlingham Road</b>		Employer/Occupation/Labor Organization* <b>not employed</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Beachwood</b>	State <b>O H</b>	Zip Code <b>44122</b>	M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>300.00</b>	
Full Name of Contributor <b>Debra Schottenstein</b>					Registration Number, if PAC		
Street Address <b>3851 Stewart Ave</b>		Employer/Occupation/Labor Organization* <b>not employed</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Coconut Grove</b>	State <b>F L</b>	Zip Code <b>33133</b>	M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>500.00</b>	
Full Name of Contributor <b>Amy Bellinger</b>					Registration Number, if PAC		
Street Address <b>3838 S. Elder Road</b>		Employer/Occupation/Labor Organization* <b>Bellinger Building Company</b>			Form (Cash, Check, etc.) <b>Credit</b>		
City <b>West Bloomfield</b>	State <b>M I</b>	Zip Code <b>48324</b>	M <b>0</b>	D <b>8</b>	Y <b>0</b>	Amount <b>150.00</b>	

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 2,250.00

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee to Elect Brian Linick</b>							
Full Name of Contributor <b>Don Isenstadt</b>					Registration Number, if PAC		
Street Address <b>24471 Fairmount Blvd.</b>		Employer/Occupation/Labor Organization* <b>not employed</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Beachwood</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>44122</b>	M <b>0</b>	D <b>8</b>	Y <b>0</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Brian Davis</b>					Registration Number, if PAC		
Street Address <b>3203 Sulgrave Rd.</b>		Employer/Occupation/Labor Organization* <b>Shaker Auto Lease</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Beachwood</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>44122</b>	M <b>0</b>	D <b>8</b>	Y <b>0</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Clifford Wolf</b>					Registration Number, if PAC		
Street Address <b>3313 Belvoir Blvd.</b>		Employer/Occupation/Labor Organization* <b>self-employed consultant</b>			Form (Cash, Check, etc.) <b>Credit</b>		
City <b>Beachwood</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>44122</b>	M <b>0</b>	D <b>8</b>	Y <b>0</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Roger Synenberg</b>					Registration Number, if PAC		
Street Address <b>2043 Random Rd.</b>		Employer/Occupation/Labor Organization* <b>Attorney - Synenberg &amp; Associates</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Cleveland</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>44106</b>	M <b>0</b>	D <b>8</b>	Y <b>0</b>	Amount <b>500.00</b>
Full Name of Contributor <b>Todd Behrens</b>					Registration Number, if PAC		
Street Address <b>5171 Cheswick Dr.</b>		Employer/Occupation/Labor Organization* <b>Attorney - Medley Behrens</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Solon</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>44139</b>	M <b>0</b>	D <b>8</b>	Y <b>0</b>	Amount <b>1,000.00</b>
Full Name of Contributor <b>Ronald Kulberg</b>					Registration Number, if PAC		
Street Address <b>26920 Annesley Rd</b>		Employer/Occupation/Labor Organization* <b>not employed</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Beachwood</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>44122</b>	M <b>0</b>	D <b>8</b>	Y <b>1</b>	Amount <b>600.00</b>
Full Name of Contributor <b>Sandra Gabel</b>					Registration Number, if PAC		
Street Address <b>28775 Edgedale Road</b>		Employer/Occupation/Labor Organization* <b>not employed</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Pepper Pike</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>44124</b>	M <b>0</b>	D <b>8</b>	Y <b>1</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Bruce Bialer</b>					Registration Number, if PAC		
Street Address <b>26901 Bernwood</b>		Employer/Occupation/Labor Organization* <b>Attorney at Law</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Beachwood</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>44122</b>	M <b>0</b>	D <b>8</b>	Y <b>1</b>	Amount <b>100.00</b>

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Page Total \$ 2,500.00

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee to Elect Brian Linick</b>							
Full Name of Contributor <b>5th And Jeff, LLC (Jeffrey Schottenstein)</b>					Registration Number, if PAC		
Street Address <b>800 Brickell Avenue, Suite 1111</b>		Employer/Occupation/Labor Organization* <b>Real Estate Investment</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Miami</b>	State <b>F</b>	Zip Code <b>L 33131</b>	M <b>0</b>	D <b>8</b>	Y <b>1</b>	Amount <b>500.00</b>	
Full Name of Contributor <b>Ralph Friedman</b>					Registration Number, if PAC		
Street Address <b>2560 Deborah Dr.</b>		Employer/Occupation/Labor Organization* <b>not employed</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Beachwood</b>	State <b>O</b>	Zip Code <b>H 44122</b>	M <b>0</b>	D <b>8</b>	Y <b>1</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Stephen Bassett</b>					Registration Number, if PAC		
Street Address <b>25228 Maidstone</b>		Employer/Occupation/Labor Organization* <b>Accountant - Stephen Bassett CPA</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Beachwood</b>	State <b>O</b>	Zip Code <b>H 44122</b>	M <b>0</b>	D <b>8</b>	Y <b>1</b>	Amount <b>300.00</b>	
Full Name of Contributor <b>Geoffrey Turbow</b>					Registration Number, if PAC		
Street Address <b>4527 N. 35th Street</b>		Employer/Occupation/Labor Organization* <b>Real Estate - Levrose Realty</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Phoenix</b>	State <b>A</b>	Zip Code <b>Z 85018</b>	M <b>0</b>	D <b>8</b>	Y <b>1</b>	Amount <b>500.00</b>	
Full Name of Contributor <b>Tickners Holding, LLC (Kevin Chernikoff)</b>					Registration Number, if PAC		
Street Address <b>2101 Richmond Rd.</b>		Employer/Occupation/Labor Organization* <b>Retail Clothing Business</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Beachwood</b>	State <b>O</b>	Zip Code <b>H 44122</b>	M <b>0</b>	D <b>8</b>	Y <b>1</b>	Amount <b>200.00</b>	
Full Name of Contributor <b>Brian Byrne</b>					Registration Number, if PAC		
Street Address <b>2290 Richmond Road</b>		Employer/Occupation/Labor Organization* <b>IT - Westfield Insurance</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Beachwood</b>	State <b>O</b>	Zip Code <b>H 44122</b>	M <b>0</b>	D <b>8</b>	Y <b>1</b>	Amount <b>400.00</b>	
Full Name of Contributor <b>Marc Berkowitz</b>					Registration Number, if PAC		
Street Address <b>2854 Brighten Rd.</b>		Employer/Occupation/Labor Organization* <b>Podiatrist</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Shaker Heights</b>	State <b>O</b>	Zip Code <b>H 44120</b>	M <b>0</b>	D <b>8</b>	Y <b>1</b>	Amount <b>150.00</b>	
Full Name of Contributor <b>Julie Feuerman</b>					Registration Number, if PAC		
Street Address <b>25051 Margot Court</b>		Employer/Occupation/Labor Organization* <b>not employed</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Beachwood</b>	State <b>O</b>	Zip Code <b>H 44122</b>	M <b>0</b>	D <b>8</b>	Y <b>1</b>	Amount <b>50.00</b>	

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Page Total \$ 2,150.00

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee to Elect Brian Linick</b>							
Full Name of Contributor <b>Bruce Mandel</b>					Registration Number, if PAC		
Street Address <b>2814 Meldon Blvd.</b>		Employer/Occupation/Labor Organization* <b>Attorney - Ulmer &amp; Berne, LLP</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Beachwood</b>	State <b>O   H</b>	Zip Code <b>44122</b>	M <b>0   8</b>	D <b>1   8</b>	Y <b>1   3</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>Ellen Buchner</b>					Registration Number, if PAC		
Street Address <b>24785 Penshurst Dr.</b>		Employer/Occupation/Labor Organization* <b>not employed</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Beachwood</b>	State <b>O   H</b>	Zip Code <b>44122</b>	M <b>0   8</b>	D <b>2   0</b>	Y <b>1   3</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Arlene Miller</b>					Registration Number, if PAC		
Street Address <b>611 Haskell Dr.</b>		Employer/Occupation/Labor Organization* <b>not employed</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Akron</b>	State <b>O   H</b>	Zip Code <b>44333</b>	M <b>0   8</b>	D <b>2   1</b>	Y <b>1   3</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Ava Rubin</b>					Registration Number, if PAC		
Street Address <b>23109 E. Groveland</b>		Employer/Occupation/Labor Organization* <b>Beahwood Schools</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Beachwood</b>	State <b>O   H</b>	Zip Code <b>44122</b>	M <b>0   8</b>	D <b>2   1</b>	Y <b>1   3</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Betty Himmel</b>					Registration Number, if PAC		
Street Address <b>10 Ponds Lane</b>		Employer/Occupation/Labor Organization* <b>not employed</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Purchase</b>	State <b>N   Y</b>	Zip Code <b>10577</b>	M <b>0   9</b>	D <b>2   1</b>	Y <b>1   3</b>	Amount <b>500.00</b>	
Full Name of Contributor <b>Scott Kulberg</b>					Registration Number, if PAC		
Street Address <b>1812 Clifton Ave.</b>		Employer/Occupation/Labor Organization* <b>Real Estate - Studley</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Highland Park</b>	State <b>I   L</b>	Zip Code <b>60035</b>	M <b>0   8</b>	D <b>2   1</b>	Y <b>1   3</b>	Amount <b>150.00</b>	
Full Name of Contributor <b>Mikhail Alterman</b>					Registration Number, if PAC		
Street Address <b>3148 Richmond Road</b>		Employer/Occupation/Labor Organization* <b>Tech Consultant - PDBC</b>			Form (Cash, Check, etc.) <b>Credit</b>		
City <b>Beachwood</b>	State <b>O   H</b>	Zip Code <b>44122</b>	M <b>0   8</b>	D <b>2   7</b>	Y <b>1   3</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Richard Zeiger</b>					Registration Number, if PAC		
Street Address <b>25123 Hilltop Dr.</b>		Employer/Occupation/Labor Organization* <b>Attorney</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Beachwood</b>	State <b>O   H</b>	Zip Code <b>44122</b>	M <b>0   8</b>	D <b>2   5</b>	Y <b>1   3</b>	Amount <b>50.00</b>	

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Page Total \$ 1,175.00

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee to Elect Brian Linick</b>							
Full Name of Contributor <b>Eric Fox</b>					Registration Number, if PAC		
Street Address <b>2609 Sheffield Cir. S.</b>		Employer/Occupation/Labor Organization* <b>Sales - Aegon</b>			Form (Cash, Check, etc.) <b>Credit</b>		
City <b>Minnetonka</b>	State <b>M   N</b>	Zip Code <b>55305</b>	M <b>0   9</b>	D <b>0   2</b>	Y <b>1   3</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Jon Leizman</b>					Registration Number, if PAC		
Street Address <b>24601 Hazelmere</b>		Employer/Occupation/Labor Organization* <b>Physician - Cleveland Clinic</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Beachwood</b>	State <b>O   H</b>	Zip Code <b>44122</b>	M <b>0   8</b>	D <b>2   9</b>	Y <b>1   3</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>David Gunning II</b>					Registration Number, if PAC		
Street Address <b>30195 Chagrin Blvd.</b>		Employer/Occupation/Labor Organization* <b>Vice-President - APM</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Pepper Pike</b>	State <b>O   H</b>	Zip Code <b>44124</b>	M <b>0   9</b>	D <b>0   3</b>	Y <b>1   3</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>Allen Friedman</b>					Registration Number, if PAC		
Street Address <b>3161 Willow Lane</b>		Employer/Occupation/Labor Organization* <b>self employed</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Beachwood</b>	State <b>O   H</b>	Zip Code <b>44122</b>	M <b>0   8</b>	D <b>2   8</b>	Y <b>1   3</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Abigail Silverman</b>					Registration Number, if PAC		
Street Address <b>3015 East Belvoir</b>		Employer/Occupation/Labor Organization* <b>not employed</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Shaker Heights</b>	State <b>O   H</b>	Zip Code <b>44122</b>	M <b>0   9</b>	D <b>0   3</b>	Y <b>1   3</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Jeremy Tucker</b>					Registration Number, if PAC		
Street Address <b>10230 Nolan Dr.</b>		Employer/Occupation/Labor Organization* <b>Attorney - Lerch, Early &amp; Brewer</b>			Form (Cash, Check, etc.) <b>Credit</b>		
City <b>Rockville</b>	State <b>M   D</b>	Zip Code <b>20850</b>	M <b>0   9</b>	D <b>0   4</b>	Y <b>1   3</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>Zac Ponsky</b>					Registration Number, if PAC		
Street Address <b>2370 Woodmer Dr.</b>		Employer/Occupation/Labor Organization* <b>Founder - MedWorks</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Cleveland Hts.</b>	State <b>O   H</b>	Zip Code <b>44106</b>	M <b>0   9</b>	D <b>1   0</b>	Y <b>1   3</b>	Amount <b>200.00</b>	
Full Name of Contributor <b>Daryl Kertesz</b>					Registration Number, if PAC		
Street Address <b>2471 S. Belvoir</b>		Employer/Occupation/Labor Organization* <b>Activity Capital</b>			Form (Cash, Check, etc.) <b>Credit</b>		
City <b>University Hts</b>	State <b>O   H</b>	Zip Code <b>44118</b>	M <b>0   9</b>	D <b>1   2</b>	Y <b>1   3</b>	Amount <b>100.00</b>	

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Page Total \$ 1,150.00

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee to Elect Brian Linick</b>							
Full Name of Contributor <b>Deborah Glass</b>				Registration Number, if PAC			
Street Address <b>26757 Fairmount Blvd.</b>		Employer/Occupation/Labor Organization* <b>not employed</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Beachwood</b>	State <b>O   H</b>	Zip Code <b>44122</b>	M <b>0   9</b>	D <b>1   3</b>	Y <b>1   3</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Suzanne Saganich</b>				Registration Number, if PAC			
Street Address <b>21623 Avalon Dr.</b>		Employer/Occupation/Labor Organization* <b>Attorney - Roetzel &amp; Andress LPA</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Rocky River</b>	State <b>O   H</b>	Zip Code <b>44116</b>	M <b>0   9</b>	D <b>1   4</b>	Y <b>1   3</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Catherine Kilbane</b>				Registration Number, if PAC			
Street Address <b>2850 Nottingham Dr.</b>		Employer/Occupation/Labor Organization* <b>General Counsel - Sherwin-Williams</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Chagrin Falls</b>	State <b>O   H</b>	Zip Code <b>44022</b>	M <b>0   9</b>	D <b>1   3</b>	Y <b>1   3</b>	Amount <b>500.00</b>	
Full Name of Contributor <b>Richard Feuerman</b>				Registration Number, if PAC			
Street Address <b>2201 Cedarview</b>		Employer/Occupation/Labor Organization* <b>Attorney - Carlisle, McNellie &amp; Rini</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Beachwood</b>	State <b>O   H</b>	Zip Code <b>44122</b>	M <b>0   9</b>	D <b>1   3</b>	Y <b>1   3</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Hortense Himmel</b>				Registration Number, if PAC			
Street Address <b>26200 George Zeiger Dr.</b>		Employer/Occupation/Labor Organization* <b>Bookkeeper -Shuhe</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Beachwood</b>	State <b>O   H</b>	Zip Code <b>44122</b>	M <b>0   9</b>	D <b>1   4</b>	Y <b>1   3</b>	Amount <b>200.00</b>	
Full Name of Contributor <b>Lance Osborne</b>				Registration Number, if PAC			
Street Address <b>7670 Tyler Blvd.</b>		Employer/Occupation/Labor Organization* <b>Osborne Capital Corp.</b>			Form (Cash, Check, etc.) <b>Credit</b>		
City <b>Mentor</b>	State <b>O   H</b>	Zip Code <b>44060</b>	M <b>0   9</b>	D <b>1   4</b>	Y <b>1   3</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Brian Friedman</b>				Registration Number, if PAC			
Street Address <b>24107 E. Baintree</b>		Employer/Occupation/Labor Organization* <b>President - Arco Comfort Air</b>			Form (Cash, Check, etc.) <b>Credit</b>		
City <b>Beachwood</b>	State <b>O   H</b>	Zip Code <b>44122</b>	M <b>0   9</b>	D <b>1   4</b>	Y <b>1   3</b>	Amount <b>350.00</b>	
Full Name of Contributor <b>Jane Himmel</b>				Registration Number, if PAC			
Street Address <b>50 Braeburn Dr.</b>		Employer/Occupation/Labor Organization* <b>not employed</b>			Form (Cash, Check, etc.) <b>Credit</b>		
City <b>New Canaan</b>	State <b>C   T</b>	Zip Code <b>06840</b>	M <b>0   9</b>	D <b>1   5</b>	Y <b>1   3</b>	Amount <b>500.00</b>	

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 1,775.00

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee to Elect Brian Linick</b>							
Full Name of Contributor <b>Scott Weingold</b>					Registration Number, if PAC		
Street Address <b>5515 North Woods Lane</b>		Employer/Occupation/Labor Organization* <b>Founder - College Planning Network</b>			Form (Cash, Check, etc.) <b>Credit</b>		
City <b>Solon</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44139</b>	M <b>0</b>   <b>9</b>	D <b>1</b>   <b>5</b>	Y <b>1</b>   <b>3</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>Debra Krenzler</b>					Registration Number, if PAC		
Street Address <b>26300 Village Lane, #103</b>		Employer/Occupation/Labor Organization* <b>self-employed</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Beachwood</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44122</b>	M <b>0</b>   <b>9</b>	D <b>1</b>   <b>1</b>	Y <b>1</b>   <b>3</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>Rachel Duber</b>					Registration Number, if PAC		
Street Address <b>22861 Byron Rd</b>		Employer/Occupation/Labor Organization* <b>South Euclid-Lyndhurst Schools</b>			Form (Cash, Check, etc.) <b>Credit</b>		
City <b>Shaker Hts</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44122</b>	M <b>0</b>   <b>9</b>	D <b>1</b>   <b>6</b>	Y <b>1</b>   <b>3</b>	Amount <b>36.00</b>	
Full Name of Contributor <b>Halle Plasco</b>					Registration Number, if PAC		
Street Address <b>28860 Chagrin Blvd.</b>		Employer/Occupation/Labor Organization* <b>Lease Negotiator - DDR</b>			Form (Cash, Check, etc.) <b>Credit</b>		
City <b>Woodmere Village</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44122</b>	M <b>0</b>   <b>9</b>	D <b>1</b>   <b>6</b>	Y <b>1</b>   <b>3</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Geoffrey Turbow</b>					Registration Number, if PAC		
Street Address <b>4527 N. 35th Street</b>		Employer/Occupation/Labor Organization* <b>Real Estate - Levrose</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Phoenix</b>	State <b>A</b>   <b>Z</b>	Zip Code <b>85018</b>	M <b>0</b>   <b>9</b>	D <b>1</b>   <b>6</b>	Y <b>1</b>   <b>3</b>	Amount <b>500.00</b>	
Full Name of Contributor <b>Rachel Mazzeo</b>					Registration Number, if PAC		
Street Address <b>3102 Grovewood Ave.</b>		Employer/Occupation/Labor Organization* <b>Attorney - self-employed</b>			Form (Cash, Check, etc.) <b>Credit</b>		
City <b>Parma</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44134</b>	M <b>0</b>   <b>9</b>	D <b>1</b>   <b>6</b>	Y <b>1</b>   <b>3</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Richard Mitchell</b>					Registration Number, if PAC		
Street Address <b>2798 Meldon Blvd.</b>		Employer/Occupation/Labor Organization* <b>Attorney - Roetzel &amp; Andress LPA</b>			Form (Cash, Check, etc.) <b>Credit</b>		
City <b>Beachwood</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44122</b>	M <b>0</b>   <b>9</b>	D <b>2</b>   <b>4</b>	Y <b>1</b>   <b>3</b>	Amount <b>150.00</b>	
Full Name of Contributor <b>Bryan gale</b>					Registration Number, if PAC		
Street Address <b>27050 Cedar Road</b>		Employer/Occupation/Labor Organization* <b>Insurance - Medical Mutual of Ohio</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Beachwood</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44122</b>	M <b>0</b>   <b>9</b>	D <b>2</b>   <b>3</b>	Y <b>1</b>   <b>3</b>	Amount <b>500.00</b>	

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 1,836.00



# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee to Elect Brian Linick</b>									
Full Name of Contributor <b>Leonard Heiser</b>						Registration Number, if PAC			
Street Address <b>24608 Beechmont Ct.</b>			Employer/Occupation/Labor Organization* <b>Consultant - Zenith Systems, LLC</b>				Form (Cash, Check, etc.) <b>Credit</b>		
City <b>Beachwood</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>44122</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Y <b>5</b>	Y <b>1</b>	Y <b>3</b>
Amount <b>250.00</b>									
Full Name of Contributor <b>Stacie Hutner</b>						Registration Number, if PAC			
Street Address <b>3186 Richmond Road</b>			Employer/Occupation/Labor Organization* <b>Cleveland Clinic</b>				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Beachwood</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>44122</b>	M <b>0</b>	D <b>9</b>	Y <b>1</b>	Y <b>2</b>	Y <b>1</b>	Y <b>3</b>
Amount <b>100.00</b>									
Full Name of Contributor <b>Dianne Behrens</b>						Registration Number, if PAC			
Street Address <b>29525 Bryce Rd.</b>			Employer/Occupation/Labor Organization* <b>not employed</b>				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Pepper Pike</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>44122</b>	M <b>0</b>	D <b>9</b>	Y <b>1</b>	Y <b>6</b>	Y <b>1</b>	Y <b>3</b>
Amount <b>25.00</b>									
Full Name of Contributor <b>Peter Nintcheff</b>						Registration Number, if PAC			
Street Address <b>3941 W. Valley Dr.</b>			Employer/Occupation/Labor Organization* <b>Attorney - GCI</b>				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Fairview Park</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>44126</b>	M <b>0</b>	D <b>9</b>	Y <b>1</b>	Y <b>3</b>	Y <b>1</b>	Y <b>3</b>
Amount <b>100.00</b>									
Full Name of Contributor <b>Carolyn Farley</b>						Registration Number, if PAC			
Street Address <b>2782 Richmond Road</b>			Employer/Occupation/Labor Organization* <b>Teacher - Beachwood Schools</b>				Form (Cash, Check, etc.) <b>Cash</b>		
City <b>Beachwood</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>44122</b>	M <b>0</b>	D <b>9</b>	Y <b>1</b>	Y <b>4</b>	Y <b>1</b>	Y <b>3</b>
Amount <b>50.00</b>									
Full Name of Contributor <b>Jay Blaushild</b>						Registration Number, if PAC			
Street Address <b>5 Hanover Ct.</b>			Employer/Occupation/Labor Organization* <b>not employed</b>				Form (Cash, Check, etc.) <b>Cash</b>		
City <b>Beachwood</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>44122</b>	M <b>0</b>	D <b>9</b>	Y <b>0</b>	Y <b>2</b>	Y <b>1</b>	Y <b>3</b>
Amount <b>100.00</b>									
Full Name of Contributor <b>Robin Heiser</b>						Registration Number, if PAC			
Street Address <b>24608 Beechmont Ct.</b>			Employer/Occupation/Labor Organization* <b>not employed</b>				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Beachwood</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>44122</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Y <b>4</b>	Y <b>1</b>	Y <b>3</b>
Amount <b>250.00</b>									
Full Name of Contributor <b>Laura Wolkoff</b>						Registration Number, if PAC			
Street Address <b>2417 Brian Dr.</b>			Employer/Occupation/Labor Organization* <b>Owner - Envision Radio</b>				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Beachwood</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>44122</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Y <b>1</b>	Y <b>1</b>	Y <b>3</b>
Amount <b>100.00</b>									

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Page Total \$ 975.00

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee to Elect Brian Linick</b>												
Full Name of Contributor <b>Daniel Ducoff</b>						Registration Number, if PAC						
Street Address <b>24522 Albert Lane</b>			Employer/Occupation/Labor Organization* <b>Assoc. Dean - Case Western</b>				Form (Cash, Check, etc.) <b>Credit</b>					
City <b>Beachwood</b>		State <b>O   H</b>		Zip Code <b>44122</b>		M <b>0   9</b>		D <b>2   9</b>		Y <b>1   3</b>		Amount <b>100.00</b>
Full Name of Contributor <b>Adam Blumenthal</b>						Registration Number, if PAC						
Street Address <b>4512 Greenwold Rd.</b>			Employer/Occupation/Labor Organization* <b>Director - College Planning Network</b>				Form (Cash, Check, etc.) <b>Credit</b>					
City <b>South Euclid</b>		State <b>O   H</b>		Zip Code <b>44121</b>		M <b>0   9</b>		D <b>2   7</b>		Y <b>1   3</b>		Amount <b>30.00</b>
Full Name of Contributor <b>Glenn Kuenzler</b>						Registration Number, if PAC						
Street Address <b>24255 Community Drive</b>			Employer/Occupation/Labor Organization* <b>Engineer - GE</b>				Form (Cash, Check, etc.) <b>Check</b>					
City <b>Beachwood</b>		State <b>O   H</b>		Zip Code <b>44122</b>		M <b>0   9</b>		D <b>2   9</b>		Y <b>1   3</b>		Amount <b>500.00</b>
Full Name of Contributor <b>Aaron Jeter</b>						Registration Number, if PAC						
Street Address <b>16908 East Park Dr.</b>			Employer/Occupation/Labor Organization* <b>Teacher - Solon Schools</b>				Form (Cash, Check, etc.) <b>Credit</b>					
City <b>Cleveland</b>		State <b>O   H</b>		Zip Code <b>44119</b>		M <b>0   9</b>		D <b>2   5</b>		Y <b>1   3</b>		Amount <b>25.00</b>
Full Name of Contributor <b>Todd Resnick</b>						Registration Number, if PAC						
Street Address <b>32825 Aspen Glenn Dr.</b>			Employer/Occupation/Labor Organization* <b>Financial Advisor - Morgan Stanley</b>				Form (Cash, Check, etc.) <b>Credit</b>					
City <b>Solon</b>		State <b>O   H</b>		Zip Code <b>44139</b>		M <b>0   9</b>		D <b>3   0</b>		Y <b>1   3</b>		Amount <b>25.00</b>
Full Name of Contributor <b>Bruce Block</b>						Registration Number, if PAC						
Street Address <b>3300 Havel Drive</b>			Employer/Occupation/Labor Organization* <b>Attorney - Javitch, Block &amp; Rathbone</b>				Form (Cash, Check, etc.) <b>Credit</b>					
City <b>Beachwood</b>		State <b>O   H</b>		Zip Code <b>44122</b>		M <b>0   9</b>		D <b>3   0</b>		Y <b>1   3</b>		Amount <b>100.00</b>
Full Name of Contributor <b>Roger Synenberg</b>						Registration Number, if PAC						
Street Address <b>2043 Random Rd., Apt 303</b>			Employer/Occupation/Labor Organization* <b>Attorney - Synenber &amp; Associates</b>				Form (Cash, Check, etc.) <b>Check</b>					
City <b>Cleveland</b>		State <b>O   H</b>		Zip Code <b>44106</b>		M <b>1   0</b>		D <b>0   1</b>		Y <b>1   3</b>		Amount <b>500.00</b>
Full Name of Contributor <b>William Marling</b>						Registration Number, if PAC						
Street Address <b>3307 Somerset Dr.</b>			Employer/Occupation/Labor Organization* <b>Professor - Case Western Reserve Univ.</b>				Form (Cash, Check, etc.) <b>Check</b>					
City <b>Beachwood</b>		State <b>O   H</b>		Zip Code <b>44122</b>		M <b>0   9</b>		D <b>3   0</b>		Y <b>1   3</b>		Amount <b>75.00</b>

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Page Total \$ 1,355.00

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee to Elect Brian Linick</b>							
Full Name of Contributor <b>Daniel Kronenberg</b>					Registration Number, if PAC		
Street Address <b>4133 N. 35th Street</b>		Employer/Occupation/Labor Organization* <b>VP - Trademark Visual</b>			Form (Cash, Check, etc.) <b>Credit</b>		
City <b>Phoenix</b>	State <b>A</b>	Zip Code <b>85018</b>	M <b>1</b>	D <b>0</b>	Y <b>3</b>	Amount <b>750.00</b>	
Full Name of Contributor <b>Dominic Coletta</b>					Registration Number, if PAC		
Street Address <b>605 Strumbly Dr.</b>		Employer/Occupation/Labor Organization* <b>Attorney - Synenberg &amp; Associates</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Highland Heights</b>	State <b>O</b>	Zip Code <b>44143</b>	M <b>1</b>	D <b>0</b>	Y <b>3</b>	Amount <b>500.00</b>	
Full Name of Contributor <b>Michelle Freeman</b>					Registration Number, if PAC		
Street Address <b>2064 Nottingham Dr.</b>		Employer/Occupation/Labor Organization* <b>Attorney - Sherwin-Williams</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Hinckley</b>	State <b>O</b>	Zip Code <b>44233</b>	M <b>1</b>	D <b>0</b>	Y <b>8</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Sandra Levenson</b>					Registration Number, if PAC		
Street Address <b>646 W. 227th Street</b>		Employer/Occupation/Labor Organization* <b>not employed</b>			Form (Cash, Check, etc.) <b>Credit</b>		
City <b>Bronx</b>	State <b>N</b>	Zip Code <b>10463</b>	M <b>1</b>	D <b>0</b>	Y <b>7</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>David Baum</b>					Registration Number, if PAC		
Street Address <b>5311 N. 32nd Place</b>		Employer/Occupation/Labor Organization* <b>VP - Trademark Visual</b>			Form (Cash, Check, etc.) <b>Credit</b>		
City <b>Phoenix</b>	State <b>A</b>	Zip Code <b>85018</b>	M <b>1</b>	D <b>0</b>	Y <b>9</b>	Amount <b>1,000.00</b>	
Full Name of Contributor <b>Kenneth Cummings</b>					Registration Number, if PAC		
Street Address <b>26100 Annesley Rd.</b>		Employer/Occupation/Labor Organization* <b>Physician - Cleveland Clinic</b>			Form (Cash, Check, etc.) <b>Credit</b>		
City <b>Beachwood</b>	State <b>O</b>	Zip Code <b>44122</b>	M <b>1</b>	D <b>0</b>	Y <b>9</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Daniel Sherwin</b>					Registration Number, if PAC		
Street Address <b>14394 Washington Blvd.</b>		Employer/Occupation/Labor Organization* <b>Attorney - Sherwin-Williams</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>University Heights</b>	State <b>O</b>	Zip Code <b>44118</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Realtors Political Action Committee</b>					Registration Number, if PAC		
Street Address <b>200 E. Town Street</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43215</b>	M <b>1</b>	D <b>0</b>	Y <b>7</b>	Amount <b>500.00</b>	

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Page Total \$ 2,975.00

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee to Elect Brian Linick</b>							
Full Name of Contributor <b>Jaime Platt</b>					Registration Number, if PAC		
Street Address <b>2117 W. Potomac Ave.</b>		Employer/Occupation/Labor Organization* <b>Real Estate - Mid America Real Estate</b>			Form (Cash, Check, etc.) <b>Credit</b>		
City <b>Chicago</b>	State <b>I L</b>	Zip Code <b>60622</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Lynn Danzig</b>					Registration Number, if PAC		
Street Address <b>24717 Wimbledon Rd.</b>		Employer/Occupation/Labor Organization* <b>not employed</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Beachwood</b>	State <b>O H</b>	Zip Code <b>44122</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Mikhail Alterman</b>					Registration Number, if PAC		
Street Address <b>3148 Richmond Road</b>		Employer/Occupation/Labor Organization* <b>Tech Consultant - PDBC</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Beachwood</b>	State <b>O H</b>	Zip Code <b>44122</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Marcia Kulberg</b>					Registration Number, if PAC		
Street Address <b>26920 Annesley Rd</b>		Employer/Occupation/Labor Organization* <b>Broker Rep. - UBS</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Beachwood</b>	State <b>O H</b>	Zip Code <b>44122</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>400.00</b>	
Full Name of Contributor <b>Ellen Wohl</b>					Registration Number, if PAC		
Street Address <b>2210 Campus Rd</b>		Employer/Occupation/Labor Organization* <b>Writer - Brickman Music</b>			Form (Cash, Check, etc.) <b>Credit</b>		
City <b>Beachwood</b>	State <b>O H</b>	Zip Code <b>44122</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>25.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor <b>Contributions From Form No. 31-E</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M <b>0</b>	D <b>9</b>	Y <b>1</b>	Amount <b>2,221.00</b>	

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 2,946.00

Event Date 9/17/13

Page 1

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>COMMITTEE TO ELECT BRIAN LINICK</b>					
Full Name of Contributor <b>Dan Weiss</b>				Registration Number, if PAC	
Street Address <b>23810 E. Baintree</b>	Employer/Occupation/Labor Organization* <b>Adatasol</b>		M <b>0</b>	D <b>9</b>	Y <b>13</b>
City <b>Beachwood</b>	State <b>OH</b>	Zip Code <b>44122</b>	Form(Cash,Check,etc) <b>Credit</b>		Amount <b>50.00</b>
Full Name of Contributor <b>Amy Bellinger</b>				Registration Number, if PAC	
Street Address <b>3838 S. Elder Road</b>	Employer/Occupation/Labor Organization* <b>Bellinger Building Co</b>		M <b>0</b>	D <b>9</b>	Y <b>13</b>
City <b>West Bloomfield</b>	State <b>MI</b>	Zip Code <b>48324</b>	Form(Cash,Check,etc) <b>Credit</b>		Amount <b>100.00</b>
Full Name of Contributor <b>Jason Hochman</b>				Registration Number, if PAC	
Street Address <b>158 Greenbrier Dr.</b>	Employer/Occupation/Labor Organization* <b>Dinn, Hochman, Potter, LL</b>		M <b>0</b>	D <b>9</b>	Y <b>13</b>
City <b>Chagrin Falls</b>	State <b>OH</b>	Zip Code <b>44022</b>	Form(Cash,Check,etc) <b>Credit</b>		Amount <b>50.00</b>
Full Name of Contributor <b>Brian Linick</b>				Registration Number, if PAC	
Street Address <b>26705 Hurlingham Road</b>	Employer/Occupation/Labor Organization* <b>Attorney - Sherwin-William</b>		M <b>0</b>	D <b>9</b>	Y <b>13</b>
City <b>Beachwood</b>	State <b>OH</b>	Zip Code <b>44122</b>	Form(Cash,Check,etc) <b>Credit</b>		Amount <b>50.00</b>
Full Name of Contributor <b>Natalie Shteyngarts</b>				Registration Number, if PAC	
Street Address <b>4220 Brainard Rd.</b>	Employer/Occupation/Labor Organization* <b>Attorney - Special Counsel</b>		M <b>0</b>	D <b>9</b>	Y <b>13</b>
City <b>Orange Village</b>	State <b>OH</b>	Zip Code <b>44022</b>	Form(Cash,Check,etc) <b>Credit</b>		Amount <b>50.00</b>
Full Name of Contributor <b>Mike Burkons</b>				Registration Number, if PAC	
Street Address <b>2466 Richmond Road</b>	Employer/Occupation/Labor Organization* <b>Charitee Golf</b>		M <b>0</b>	D <b>9</b>	Y <b>13</b>
City <b>Beachwood</b>	State <b>OH</b>	Zip Code <b>44122</b>	Form(Cash,Check,etc) <b>Credit</b>		Amount <b>50.00</b>
Full Name of Contributor <b>Carrie Turbow</b>				Registration Number, if PAC	
Street Address <b>2100 Botanica Lane</b>	Employer/Occupation/Labor Organization* <b>Weinstein &amp; Assoc., Inc.</b>		M <b>0</b>	D <b>9</b>	Y <b>13</b>
City <b>Pepper Pike</b>	State <b>OH</b>	Zip Code <b>44124</b>	Form(Cash,Check,etc) <b>Credit</b>		Amount <b>100.00</b>

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 450.00

Event Date	9/17/13
Page	2

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>COMMITTEE TO ELECT BRIAN LINICK</b>					
Full Name of Contributor <b>Cyrus Sachinvala</b>				Registration Number, if PAC	
Street Address <b>4220 Brainard Road</b>		Employer/Occupation/Labor Organization* <b>Attorney - Ernst &amp; Young</b>		M   D   Y <b>0   9   1   7   1   3</b>	Amount <b>50.00</b>
City <b>Orange Village</b>	State <b>O   H</b>	Zip Code <b>44022</b>		Form(Cash,Check,etc) <b>Credit</b>	
Full Name of Contributor <b>Lynn Danzig</b>				Registration Number, if PAC	
Street Address <b>24717 Wimbledon</b>		Employer/Occupation/Labor Organization* <b>not employed</b>		M   D   Y <b>0   9   1   7   1   3</b>	Amount <b>150.00</b>
City <b>Beachwood</b>	State <b>O   H</b>	Zip Code <b>44122</b>		Form(Cash,Check,etc) <b>Credit</b>	
Full Name of Contributor <b>Robert Casarona</b>				Registration Number, if PAC	
Street Address <b>113 Ashleigh Dr.</b>		Employer/Occupation/Labor Organization* <b>Attorney - Roetzel &amp; Andre</b>		M   D   Y <b>0   9   1   5   1   3</b>	Amount <b>100.00</b>
City <b>Chagrin Falls</b>	State <b>O   H</b>	Zip Code <b>44022</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Hugh Kinast</b>				Registration Number, if PAC	
Street Address <b>3992 White Oak Trail</b>		Employer/Occupation/Labor Organization* <b>Attorney - Sherwin-William</b>		M   D   Y <b>0   9   1   8   1   3</b>	Amount <b>75.00</b>
City <b>Orange Village</b>	State <b>O   H</b>	Zip Code <b>44122</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Peter Tucker</b>				Registration Number, if PAC	
Street Address <b>26675 Hurlingham Road</b>		Employer/Occupation/Labor Organization* <b>General Counsel - Industria</b>		M   D   Y <b>0   9   1   7   1   3</b>	Amount <b>50.00</b>
City <b>Beachwood</b>	State <b>O   H</b>	Zip Code <b>44122</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Arlene Miller</b>				Registration Number, if PAC	
Street Address <b>611 Haskell Dr.</b>		Employer/Occupation/Labor Organization* <b>not employed</b>		M   D   Y <b>0   9   1   6   1   3</b>	Amount <b>100.00</b>
City <b>Akron</b>	State <b>O   H</b>	Zip Code <b>44333</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Diane Linick</b>				Registration Number, if PAC	
Street Address <b>26705 Hurlingham Road</b>		Employer/Occupation/Labor Organization* <b>not employed</b>		M   D   Y <b>0   9   1   6   1   3</b>	Amount <b>100.00</b>
City <b>Beachwood</b>	State <b>O   H</b>	Zip Code <b>44122</b>		Form(Cash,Check,etc) <b>Check</b>	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 625.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>COMMITTEE TO ELECT BRIAN LINICK</b>					
Full Name of Contributor <b>Stefanie Mirman</b>				Registration Number, if PAC	
Street Address <b>30650 Stratford Dr.</b>	Employer/Occupation/Labor Organization* <b>Graphic Designer</b>		M <b>0</b>	D <b>9</b>	Y <b>13</b>
City <b>Solon</b>	State <b>OH</b>	Zip Code <b>44139</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>36.00</b>
Full Name of Contributor <b>Helene Kravitz</b>				Registration Number, if PAC	
Street Address <b>1989 Aldersgate Dr.</b>	Employer/Occupation/Labor Organization* <b>not employed</b>		M <b>0</b>	D <b>9</b>	Y <b>13</b>
City <b>Lyndhurst</b>	State <b>OH</b>	Zip Code <b>44124</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>60.00</b>
Full Name of Contributor <b>Bernice Lutsker</b>				Registration Number, if PAC	
Street Address <b>22061 Rye Rd</b>	Employer/Occupation/Labor Organization* <b>not employed</b>		M <b>0</b>	D <b>9</b>	Y <b>13</b>
City <b>Shaker Heights</b>	State <b>OH</b>	Zip Code <b>44122</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>50.00</b>
Full Name of Contributor <b>Lindsay Kramer</b>				Registration Number, if PAC	
Street Address <b>5487 Clarendon Dr.</b>	Employer/Occupation/Labor Organization* <b>Cleveland Clinic</b>		M <b>0</b>	D <b>9</b>	Y <b>13</b>
City <b>Solon</b>	State <b>OH</b>	Zip Code <b>44139</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>50.00</b>
Full Name of Contributor <b>Bruce Felder</b>				Registration Number, if PAC	
Street Address <b>27500 Cedar Road, #309</b>	Employer/Occupation/Labor Organization* <b>Consultant</b>		M <b>0</b>	D <b>9</b>	Y <b>13</b>
City <b>Beachwood</b>	State <b>OH</b>	Zip Code <b>44122</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>100.00</b>
Full Name of Contributor <b>Courtney Lepene</b>				Registration Number, if PAC	
Street Address <b>28129 Belcourt Road</b>	Employer/Occupation/Labor Organization* <b>not employed</b>		M <b>0</b>	D <b>9</b>	Y <b>13</b>
City <b>Pepper Pike</b>	State <b>OH</b>	Zip Code <b>44124</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>250.00</b>
Full Name of Contributor <b>Kimberly Umpleby</b>				Registration Number, if PAC	
Street Address <b>23705 E. Silsby Rd.</b>	Employer/Occupation/Labor Organization* <b>Attorney - Umpleby Law</b>		M <b>0</b>	D <b>9</b>	Y <b>13</b>
City <b>Beachwood</b>	State <b>OH</b>	Zip Code <b>44122</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>100.00</b>

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 646.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>COMMITTEE TO ELECT BRIAN LINICK</b>					
Full Name of Contributor <b>David Eden</b>				Registration Number, if PAC	
Street Address <b>22655 Chagrin Blvd., #204</b>		Employer/Occupation/Labor Organization* <b>Consultant</b>		M   D   Y <b>0   9   1   7   1   3</b>	Amount <b>100.00</b>
City <b>Beachwood</b>		State <b>O   H</b>	Zip Code <b>44122</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Jeffrey Rosen</b>				Registration Number, if PAC	
Street Address <b>28860 Hidden Valley Dr.</b>		Employer/Occupation/Labor Organization* <b>Northeast Auto Group</b>		M   D   Y <b>0   9   1   7   1   3</b>	Amount <b>100.00</b>
City <b>Orange Village</b>		State <b>O   H</b>	Zip Code <b>44122</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Todd Felder</b>				Registration Number, if PAC	
Street Address <b>2601 Richmond Road</b>		Employer/Occupation/Labor Organization* <b>Sherwin-Williams</b>		M   D   Y <b>0   9   1   7   1   3</b>	Amount <b>100.00</b>
City <b>Beachwood</b>		State <b>O   H</b>	Zip Code <b>44122</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Wanda Himmel</b>				Registration Number, if PAC	
Street Address <b>26700 Alsace Ct., #110</b>		Employer/Occupation/Labor Organization* <b>Property Manager - Forest</b>		M   D   Y <b>0   9   1   7   1   3</b>	Amount <b>200.00</b>
City <b>Beachwood</b>		State <b>O   H</b>	Zip Code <b>44122</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

2,221.00

Total expenditures this event

0.00

Page Total \$ 500.00



# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>COMMITTEE TO ELECT BRIAN LINICK</b>									
Full Name <b>Loans Received From Form 31-C</b>					Registration Number, if PAC				
Address		Type*				M	D	Y	Amount
									<b>5,150.00</b>
City		State		Zip Code		Form(Cash,Check,etc)			
Full Name <b>Jakprints</b>					Registration Number, if PAC				
Address <b>3313 Chester Ave</b>		Type* <b>R E</b>				M <b>0</b>	D <b>8</b>	Y <b>3</b>	Amount <b>10.16</b>
City <b>Cleveland</b>		State <b>O H</b>		Zip Code <b>44114</b>		Form(Cash,Check,etc) <b>Credit</b>			
Full Name					Registration Number, if PAC				
Address		Type*				M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)			
Full Name					Registration Number, if PAC				
Address		Type*				M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)			
Full Name					Registration Number, if PAC				
Address		Type*				M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)			
Full Name					Registration Number, if PAC				
Address		Type*				M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)			
Full Name					Registration Number, if PAC				
Address		Type*				M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)			

\* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 5,160.16

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>COMMITTEE TO ELECT BRIAN LINICK</b>									
To Whom Paid <b>Square, Inc.</b>						M	D	Y	Amount
						0	3	2	1.38
Address <b>1455 Market Street</b>			Purpose <b>Credit Card Donation Processing Fee</b>						
City <b>San Francisco</b>			State <b>C A</b>		Zip Code <b>94103</b>		Check Number <b>Auto-Deduct</b>		
To Whom Paid <b>PayPal</b>						M	D	Y	Amount
						0	7	1	3.20
Address <b>2211 N. First Street</b>			Purpose <b>Credit Card Donation Processing Fee</b>						
City <b>San Jose</b>			State <b>C A</b>		Zip Code <b>94089</b>		Check Number <b>Auto-Deduct</b>		
To Whom Paid <b>PayPal</b>						M	D	Y	Amount
						0	7	1	3.20
Address <b>2211 N. First Street</b>			Purpose <b>Credit Card Donation Processing Fee</b>						
City <b>San Jose</b>			State <b>C A</b>		Zip Code <b>94089</b>		Check Number <b>Auto-Deduct</b>		
To Whom Paid <b>PayPal</b>						M	D	Y	Amount
						0	7	1	29.30
Address <b>2211 N. First Street</b>			Purpose <b>Credit Card Donation Processing Fee</b>						
City <b>San Jose</b>			State <b>C A</b>		Zip Code <b>94089</b>		Check Number <b>Auto-Deduct</b>		
To Whom Paid <b>PayPal</b>						M	D	Y	Amount
						0	7	2	3.20
Address <b>2211 N. First Street</b>			Purpose <b>Credit Card Donation Processing Fee</b>						
City <b>San Jose</b>			State <b>C A</b>		Zip Code <b>94089</b>		Check Number <b>Auto-Deduct</b>		
To Whom Paid <b>PayPal</b>						M	D	Y	Amount
						0	7	2	1.75
Address <b>2211 N. First Street</b>			Purpose <b>Credit Card Donation Processing Fee</b>						
City <b>San Jose</b>			State <b>C A</b>		Zip Code <b>94089</b>		Check Number <b>Auto-Deduct</b>		
To Whom Paid <b>Stefanie Mirman Design</b>						M	D	Y	Amount
						0	7	2	210.00
Address <b>30650 Stratford Drive</b>			Purpose <b>Graphic Design</b>						
City <b>Solon</b>			State <b>O H</b>		Zip Code <b>44139</b>		Check Number <b>1051</b>		
To Whom Paid <b>PayPal</b>						M	D	Y	Amount
						0	7	2	1.75
Address <b>2211 N. First Street</b>			Purpose <b>Credit Card Donation Processing Fee</b>						
City <b>San Jose</b>			State <b>C A</b>		Zip Code <b>94089</b>		Check Number <b>Auto-Deduct</b>		
To Whom Paid <b>PayPal</b>						M	D	Y	Amount
						0	8	0	4.65
Address <b>2211 N. First Street</b>			Purpose <b>Credit Card Donation Processing Fee</b>						
City <b>San Jose</b>			State <b>C A</b>		Zip Code <b>94089</b>		Check Number <b>Auto-Deduct</b>		

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>COMMITTEE TO ELECT BRIAN LINICK</b>									
To Whom Paid <b>Paypal</b>						M	D	Y	Amount
						0	8	0	1
						1	3		1.75
Address <b>2211 N. First Street</b>				Purpose <b>Credit Card Donation Processing Fee</b>					
City <b>San Jose</b>		State <b>C</b>		Zip Code <b>A 94089</b>		Check Number <b>Auto-Deduct</b>			
To Whom Paid <b>Jakprints</b>						M	D	Y	Amount
						0	8	0	7
						1	3		210.11
Address <b>3133 Chester Ave.</b>				Purpose <b>Printing</b>					
City <b>Cleveland</b>		State <b>O</b>		Zip Code <b>H 44114</b>		Check Number <b>Debit</b>			
To Whom Paid <b>Trademark Visual Inc.</b>						M	D	Y	Amount
						0	8	0	7
						1	3		220.00
Address <b>3732 E. University Dr.</b>				Purpose <b>Campaign Magnets</b>					
City <b>Phoenix</b>		State <b>A</b>		Zip Code <b>Z 85034</b>		Check Number <b>1052</b>			
To Whom Paid <b>FedEx Office</b>						M	D	Y	Amount
						0	8	0	8
						1	3		5.39
Address <b>1801 East Ninth Street</b>				Purpose <b>Copies</b>					
City <b>Cleveland</b>		State <b>O</b>		Zip Code <b>H 44114</b>		Check Number <b>Debit</b>			
To Whom Paid <b>USPS</b>						M	D	Y	Amount
						0	8	0	8
						1	3		65.80
Address <b>Tower City Finance Station</b>				Purpose <b>Stamps</b>					
City <b>Cleveland</b>		State <b>O</b>		Zip Code <b>H 44113</b>		Check Number <b>Debit</b>			
To Whom Paid <b>FedEx Office</b>						M	D	Y	Amount
						0	8	0	9
						1	3		6.79
Address <b>27450 Chagrin Blvd.</b>				Purpose <b>Copies</b>					
City <b>Woodmere Village</b>		State <b>O</b>		Zip Code <b>H 44122</b>		Check Number <b>Debit</b>			
To Whom Paid <b>USPS</b>						M	D	Y	Amount
						0	8	0	9
						1	3		27.60
Address <b>Beachwood Branch</b>				Purpose <b>Stamps</b>					
City <b>Beachwood</b>		State <b>O</b>		Zip Code <b>H 44122</b>		Check Number <b>Debit</b>			
To Whom Paid <b>Jakprints</b>						M	D	Y	Amount
						0	8	1	3
						1	3		242.44
Address <b>3133 Chester Ave.</b>				Purpose <b>Campaign Stickers</b>					
City <b>Cleveland</b>		State <b>O</b>		Zip Code <b>H 44114</b>		Check Number <b>Debit</b>			

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>COMMITTEE TO ELECT BRIAN LINICK</b>												
To Whom Paid <b>Cleveland Jewish News</b>						M	D	Y	Amount			
						0	8	2	6	1	3	530.00
Address <b>23880 Commerce Park</b>				Purpose <b>Advertisement</b>								
City <b>Beachwood</b>		State <b>O</b>   <b>H</b>		Zip Code <b>44122</b>		Check Number <b>1053</b>						
To Whom Paid <b>Jakprints</b>						M	D	Y	Amount			
						0	8	2	6	1	3	399.96
Address <b>3133 Chester Ave.</b>				Purpose <b>Printing</b>								
City <b>Cleveland</b>		State <b>O</b>   <b>H</b>		Zip Code <b>44114</b>		Check Number <b>Debit</b>						
To Whom Paid <b>Paypal</b>						M	D	Y	Amount			
						0	8	2	8	1	3	1.75
Address <b>2211 N. First Street</b>				Purpose <b>Credit Card Donation Processing Fee</b>								
City <b>San Jose</b>		State <b>C</b>   <b>A</b>		Zip Code <b>94089</b>		Check Number <b>Auto-Deduct</b>						
To Whom Paid <b>Paypal</b>						M	D	Y	Amount			
						0	9	0	2	1	3	3.20
Address <b>2211 N. First Street</b>				Purpose <b>Credit Card Donation Processing Fee</b>								
City <b>San Jose</b>		State <b>C</b>   <b>A</b>		Zip Code <b>94089</b>		Check Number <b>Auto-Deduct</b>						
To Whom Paid <b>US POSTMASTER</b>						M	D	Y	Amount			
						0	9	0	4	1	3	1,064.44
Address <b>Main Post Office</b>				Purpose <b>Postage</b>								
City <b>Cleveland</b>		State <b>O</b>   <b>H</b>		Zip Code <b>44104</b>		Check Number <b>1054</b>						
To Whom Paid <b>Qwestcom Graphics</b>						M	D	Y	Amount			
						0	9	0	6	1	3	1,696.79
Address <b>5572 Brecksville Rd., Suite A</b>				Purpose <b>Printing/Mail Services</b>								
City <b>Independence</b>		State <b>O</b>   <b>H</b>		Zip Code <b>44131</b>		Check Number <b>1055</b>						
To Whom Paid <b>Paypal</b>						M	D	Y	Amount			
						0	9	1	2	1	3	3.20
Address <b>2211 N. First Street</b>				Purpose <b>Credit Card Donation Processing Fee</b>								
City <b>San Jose</b>		State <b>C</b>   <b>A</b>		Zip Code <b>94089</b>		Check Number <b>Auto-Deduct</b>						
To Whom Paid <b>Paypal</b>						M	D	Y	Amount			
						0	9	1	4	1	3	3.20
Address <b>2211 N. First Street</b>				Purpose <b>Credit Card Donation Processing Fee</b>								
City <b>San Jose</b>		State <b>C</b>   <b>A</b>		Zip Code <b>94089</b>		Check Number <b>Auto-Deduct</b>						

## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>COMMITTEE TO ELECT BRIAN LINICK</b>									
To Whom Paid <b>PayPal</b>						M <b>0</b>	D <b>9</b>	Y <b>0</b>	Amount <b>7.55</b>
Address <b>2211 N. First Street</b>		Purpose <b>Credit Card Donation Processing Fee</b>							
City <b>San Jose</b>	State <b>C</b>	A <b>A</b>	Zip Code <b>94089</b>	Check Number <b>Auto-Deduct</b>					
To Whom Paid <b>PayPal</b>						M <b>0</b>	D <b>9</b>	Y <b>1</b>	Amount <b>10.45</b>
Address <b>2211 N. First Street</b>		Purpose <b>Credit Card Donation Processing Fee</b>							
City <b>San Jose</b>	State <b>C</b>	A <b>A</b>	Zip Code <b>94089</b>	Check Number <b>Auto-Deduct</b>					
To Whom Paid <b>PayPal</b>						M <b>0</b>	D <b>9</b>	Y <b>1</b>	Amount <b>7.55</b>
Address <b>2211 N. First Street</b>		Purpose <b>Credit Card Donation Processing Fee</b>							
City <b>San Jose</b>	State <b>C</b>	A <b>A</b>	Zip Code <b>94089</b>	Check Number <b>Auto-Deduct</b>					
To Whom Paid <b>PayPal</b>						M <b>0</b>	D <b>9</b>	Y <b>1</b>	Amount <b>14.80</b>
Address <b>2211 N. First Street</b>		Purpose <b>Credit Card Donation Processing Fee</b>							
City <b>San Jose</b>	State <b>C</b>	A <b>A</b>	Zip Code <b>94089</b>	Check Number <b>Auto-Deduct</b>					
To Whom Paid <b>Beachwood Buzz</b>						M <b>0</b>	D <b>9</b>	Y <b>1</b>	Amount <b>872.00</b>
Address <b>2000 Warrensville Center Rd.</b>		Purpose <b>Advertising</b>							
City <b>South Euclid</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>44121</b>	Check Number <b>1057</b>					
To Whom Paid <b>PayPal</b>						M <b>0</b>	D <b>9</b>	Y <b>1</b>	Amount <b>1.75</b>
Address <b>2211 N. First Street</b>		Purpose <b>Credit Card Donation Processing Fee</b>							
City <b>San Jose</b>	State <b>C</b>	A <b>A</b>	Zip Code <b>94089</b>	Check Number <b>Auto-Deduct</b>					
To Whom Paid <b>PayPal</b>						M <b>0</b>	D <b>9</b>	Y <b>1</b>	Amount <b>1.34</b>
Address <b>2211 N. First Street</b>		Purpose <b>Credit Card Donation Processing Fee</b>							
City <b>San Jose</b>	State <b>C</b>	A <b>A</b>	Zip Code <b>94089</b>	Check Number <b>Auto-Deduct</b>					
To Whom Paid <b>PayPal</b>						M <b>0</b>	D <b>9</b>	Y <b>1</b>	Amount <b>3.20</b>
Address <b>2211 N. First Street</b>		Purpose <b>Credit Card Donation Processing Fee</b>							
City <b>San Jose</b>	State <b>C</b>	A <b>A</b>	Zip Code <b>94089</b>	Check Number <b>Auto-Deduct</b>					

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>COMMITTEE TO ELECT BRIAN LINICK</b>						
To Whom Paid <b>Stefanie Mirman Design</b>				M <b>0</b>	D <b>9</b>	Amount <b>315.00</b>
Address <b>30650 Stratford Drive</b>		Purpose <b>Graphic Design</b>		Y <b>1</b>		
City <b>Solon</b>	State <b>OH</b>	Zip Code <b>44139</b>	Check Number <b>1058</b>			
To Whom Paid <b>US Postmaster</b>				M <b>0</b>	D <b>9</b>	Amount <b>1,064.44</b>
Address <b>Main Post Office</b>		Purpose <b>Postage</b>		Y <b>1</b>		
City <b>Cleveland</b>	State <b>OH</b>	Zip Code <b>44101</b>	Check Number <b>1056</b>			
To Whom Paid <b>Paypal</b>				M <b>0</b>	D <b>9</b>	Amount <b>1.75</b>
Address <b>2211 N. First Street</b>		Purpose <b>Credit Card Donation Processing Fee</b>		Y <b>1</b>		
City <b>San Jose</b>	State <b>CA</b>	Zip Code <b>94089</b>	Check Number <b>Auto-Deduct</b>			
To Whom Paid <b>Paypal</b>				M <b>0</b>	D <b>9</b>	Amount <b>3.20</b>
Address <b>2211 N. First Street</b>		Purpose <b>Credit Card Donation Processing Fee</b>		Y <b>1</b>		
City <b>San Jose</b>	State <b>CA</b>	Zip Code <b>94089</b>	Check Number <b>Auto-Deduct</b>			
To Whom Paid <b>Square Inc.</b>				M <b>0</b>	D <b>9</b>	Amount <b>1.38</b>
Address <b>1455 Market Street</b>		Purpose <b>Credit Card Donation Processing Fee</b>		Y <b>1</b>		
City <b>San Francisco</b>	State <b>CA</b>	Zip Code <b>94103</b>	Check Number <b>Auto-Deduct</b>			
To Whom Paid <b>Square Inc.</b>				M <b>0</b>	D <b>9</b>	Amount <b>1.38</b>
Address <b>1455 Market Street</b>		Purpose <b>Credit Card Donation Processing Fee</b>		Y <b>1</b>		
City <b>San Francisco</b>	State <b>CA</b>	Zip Code <b>94103</b>	Check Number <b>Auto-Deduct</b>			
To Whom Paid <b>Square Inc.</b>				M <b>0</b>	D <b>9</b>	Amount <b>2.75</b>
Address <b>1455 Market Street</b>		Purpose <b>Credit Card Donation Processing Fee</b>		Y <b>1</b>		
City <b>San Francisco</b>	State <b>CA</b>	Zip Code <b>94103</b>	Check Number <b>Auto-Deduct</b>			
To Whom Paid <b>Square Inc.</b>				M <b>0</b>	D <b>9</b>	Amount <b>1.90</b>
Address <b>1455 Market Street</b>		Purpose <b>Credit Card Donation Processing Fee</b>		Y <b>1</b>		
City <b>San Francisco</b>	State <b>CA</b>	Zip Code <b>94103</b>	Check Number <b>Auto-Deduct</b>			

## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>COMMITTEE TO ELECT BRIAN LINICK</b>									
To Whom Paid <b>Square Inc.</b>						M	D	Y	Amount
						0	9	1	5.40
Address <b>1455 Market Street</b>		Purpose <b>Credit Card Donation Processing Fee</b>							
City <b>San Francisco</b>	State <b>C</b>	A	Zip Code <b>94103</b>	Check Number <b>Auto-Deduct</b>					
To Whom Paid <b>Square Inc.</b>						M	D	Y	Amount
						0	9	1	1.90
Address <b>1455 Market Street</b>		Purpose <b>Credit Card Donation Processing Fee</b>							
City <b>San Francisco</b>	State <b>C</b>	A	Zip Code <b>94103</b>	Check Number <b>Auto-Deduct</b>					
To Whom Paid <b>Paypal</b>						M	D	Y	Amount
						0	9	1	1.75
Address <b>2211 N. First Street</b>		Purpose <b>Credit Card Donation Processing Fee</b>							
City <b>San Jose</b>	State <b>C</b>	A	Zip Code <b>94089</b>	Check Number <b>Auto-Deduct</b>					
To Whom Paid <b>Paypal</b>						M	D	Y	Amount
						0	9	2	4.65
Address <b>2211 N. First Street</b>		Purpose <b>Credit Card Donation Processing Fee</b>							
City <b>San Jose</b>	State <b>C</b>	A	Zip Code <b>94089</b>	Check Number <b>Auto-Deduct</b>					
To Whom Paid <b>Paypal</b>						M	D	Y	Amount
						0	9	2	5.75
Address <b>2211 N. First Street</b>		Purpose <b>Credit Card Donation Processing Fee</b>							
City <b>San Jose</b>	State <b>C</b>	A	Zip Code <b>94089</b>	Check Number <b>Auto-Deduct</b>					
To Whom Paid <b>Paypal</b>						M	D	Y	Amount
						0	9	2	5.1.03
Address <b>2211 N. First Street</b>		Purpose <b>Credit Card Donation Processing Fee</b>							
City <b>San Jose</b>	State <b>C</b>	A	Zip Code <b>94089</b>	Check Number <b>Auto-Deduct</b>					
To Whom Paid <b>Trademark Visual Inc.</b>						M	D	Y	Amount
						0	9	2	2,090.00
Address <b>3732 E. University Dr.</b>		Purpose <b>Yard Signs</b>							
City <b>Phoenix</b>	State <b>A</b>	Z	Zip Code <b>85034</b>	Check Number <b>1059</b>					
To Whom Paid <b>Trademark Visual Inc.</b>						M	D	Y	Amount
						0	9	2	120.00
Address <b>3732 E. University Dr.</b>		Purpose <b>Campaign Magnets</b>							
City <b>Phoenix</b>	State <b>A</b>	Z	Zip Code <b>85034</b>	Check Number <b>1060</b>					

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>COMMITTEE TO ELECT BRIAN LINICK</b>									
To Whom Paid <b>PayPal</b>						M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>1.17</b>
Address <b>2211 N. First Street</b>		Purpose <b>Credit Card Donation Processing Fee</b>							
City <b>San Jose</b>	State <b>C</b>	A <b>A</b>	Zip Code <b>94089</b>	Check Number <b>Auto-Deduct</b>					
To Whom Paid <b>Qwestcom Graphics</b>						M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>1,117.80</b>
Address <b>5572 Brecksville Rd., Suite A</b>		Purpose <b>Printing</b>							
City <b>Independence</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>44131</b>	Check Number <b>1064</b>					
To Whom Paid <b>Qwestcom Graphics</b>						M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>442.80</b>
Address <b>5572 Brecksville Rd., Suite A</b>		Purpose <b>Printing</b>							
City <b>Independence</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>44131</b>	Check Number <b>1065</b>					
To Whom Paid <b>Qwestcom Graphics</b>						M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>827.93</b>
Address <b>5572 Brecksville Rd., Suite A</b>		Purpose <b>Printing</b>							
City <b>Independence</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>44131</b>	Check Number <b>1066</b>					
To Whom Paid <b>Qwestcom Graphics</b>						M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>1,453.41</b>
Address <b>5572 Brecksville Rd., Suite A</b>		Purpose <b>Printing</b>							
City <b>Independence</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>44131</b>	Check Number <b>1063</b>					
To Whom Paid <b>US Postmaster</b>						M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>494.65</b>
Address <b>Main Post Office</b>		Purpose <b>Postage</b>							
City <b>Cleveland</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>44101</b>	Check Number <b>1061</b>					
To Whom Paid <b>US Postmaster</b>						M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>1,064.44</b>
Address <b>Main Post Office</b>		Purpose <b>Postage</b>							
City <b>Cleveland</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>44101</b>	Check Number <b>1062</b>					
To Whom Paid <b>PayPal</b>						M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>3.20</b>
Address <b>2211 N. First Street</b>		Purpose <b>Credit Card Donation Processing Fee</b>							
City <b>San Jose</b>	State <b>C</b>	A <b>A</b>	Zip Code <b>94089</b>	Check Number <b>Auto-Deduct</b>					



# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>COMMITTEE TO ELECT BRIAN LINICK</b>									
To Whom Paid <b>PayPal</b>						M 0	D 9	Y 3	Amount <b>1.03</b>
Address <b>2211 N. First Street</b>		Purpose <b>Credit Card Donation Processing Fee</b>							
City <b>San Jose</b>	State <b>C</b>	A <b>A</b>	Zip Code <b>94089</b>	Check Number <b>Auto-Deduct</b>					
To Whom Paid <b>PayPal</b>						M 0	D 9	Y 3	Amount <b>3.20</b>
Address <b>2211 N. First Street</b>		Purpose <b>Credit Card Donation Processing Fee</b>							
City <b>San Jose</b>	State <b>C</b>	A <b>A</b>	Zip Code <b>94089</b>	Check Number <b>Auto-Deduct</b>					
To Whom Paid <b>PayPal</b>						M 0	D 9	Y 3	Amount <b>22.05</b>
Address <b>2211 N. First Street</b>		Purpose <b>Credit Card Donation Processing Fee</b>							
City <b>San Jose</b>	State <b>C</b>	A <b>A</b>	Zip Code <b>94089</b>	Check Number <b>Auto-Deduct</b>					
To Whom Paid <b>Beachwood Schools</b>						M 1	D 0	Y 3	Amount <b>100.00</b>
Address <b>24601 Fairmount Blvd.</b>		Purpose <b>Advertising - Beechcomber</b>							
City <b>Beachwood</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>44122</b>	Check Number <b>1067</b>					
To Whom Paid <b>PayPal</b>						M 1	D 0	Y 3	Amount <b>1.03</b>
Address <b>2211 N. First Street</b>		Purpose <b>Credit Card Donation Processing Fee</b>							
City <b>San Jose</b>	State <b>C</b>	A <b>A</b>	Zip Code <b>94089</b>	Check Number <b>Auto-Deduct</b>					
To Whom Paid <b>Beachwood Buzz</b>						M 1	D 0	Y 3	Amount <b>872.00</b>
Address <b>2000 Warrensville Center Rd.</b>		Purpose <b>Advertising</b>							
City <b>South Euclid</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>44121</b>	Check Number <b>1068</b>					
To Whom Paid <b>Beachwood Buzz</b>						M 1	D 0	Y 3	Amount <b>872.00</b>
Address <b>2000 Warrensville Center Rd.</b>		Purpose <b>Advertising</b>							
City <b>South Euclid</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>44121</b>	Check Number <b>1069</b>					
To Whom Paid <b>PayPal</b>						M 1	D 0	Y 3	Amount <b>29.30</b>
Address <b>2211 N. First Street</b>		Purpose <b>Credit Card Donation Processing Fee</b>							
City <b>San Jose</b>	State <b>C</b>	A <b>A</b>	Zip Code <b>94089</b>	Check Number <b>Auto-Deduct</b>					

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>COMMITTEE TO ELECT BRIAN LINICK</b>									
To Whom Paid <b>PayPal</b>						M	D	Y	Amount
						1	0	0	9 1 3 3.20
Address <b>2211 N. First Street</b>			Purpose <b>Credit Card Donation Processing Fee</b>						
City <b>San Jose</b>			State <b>C</b>	A	Zip Code <b>94089</b>	Check Number <b>Auto-Deduct</b>			
To Whom Paid <b>US Postmaster</b>						M	D	Y	Amount
						1	0	0	2 1 3 276.00
Address <b>Tower City Station</b>			Purpose <b>Postage</b>						
City <b>Cleveland</b>			State <b>O</b>	H	Zip Code	Check Number <b>Debit</b>			
To Whom Paid <b>PayPal</b>						M	D	Y	Amount
						1	0	1	4 1 3 3.20
Address <b>2211 N. First Street</b>			Purpose <b>Credit Card Donation Processing Fee</b>						
City <b>San Jose</b>			State <b>C</b>	A	Zip Code <b>94089</b>	Check Number <b>Auto-Deduct</b>			
To Whom Paid <b>Qwestcom Graphics</b>						M	D	Y	Amount
						1	0	1	4 1 3 739.80
Address <b>5572 Brecksville Rd., Suite A</b>			Purpose <b>Printing / Mail Services</b>						
City <b>Independence</b>			State <b>O</b>	H	Zip Code <b>44131</b>	Check Number <b>1070</b>			
To Whom Paid <b>US Postmaster</b>						M	D	Y	Amount
						1	0	1	5 1 3 276.00
Address <b>Tower City Station</b>			Purpose <b>Postage</b>						
City <b>Cleveland</b>			State <b>O</b>	H	Zip Code	Check Number <b>Debit</b>			
To Whom Paid <b>PayPal</b>						M	D	Y	Amount
						1	0	1	6 1 3 1.03
Address <b>2211 N. First Street</b>			Purpose <b>Credit Card Donation Processing Fee</b>						
City <b>San Jose</b>			State <b>C</b>	A	Zip Code <b>94089</b>	Check Number <b>Auto-Deduct</b>			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State		Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State		Zip Code	Check Number			

# Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>COMMITTEE TO ELECT BRIAN LINICK</b>													
From Whom Received <b>Brian Linick</b>								Prior Amount <b>0.00</b>		Amt. Incurred this Period <b>5,150.00</b>			
Address <b>26705 Hurlingham Road</b>										Outstanding Balance <b>5,150.00</b>			
City <b>Beachwood</b>		State <b>OH</b>		Zip Code <b>44122</b>		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$		M	D	Y	\$
		0	3	2	6	1	3		50.00				
Registration Number, if PAC					M	D	Y			M	D	Y	
					0	7	1	8	100.00				
Employer/Occupation/Labor Organization*					M	D	Y			M	D	Y	
					0	9	2	7	5000.00				
From Whom Received								Prior Amount		Amt. Incurred this Period			
Address										Outstanding Balance			
City		State		Zip Code		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$		M	D	Y	\$
Registration Number, if PAC					M	D	Y			M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y			M	D	Y	
From Whom Received								Prior Amount		Amt. Incurred this Period			
Address										Outstanding Balance			
City		State		Zip Code		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$		M	D	Y	\$
Registration Number, if PAC					M	D	Y			M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y			M	D	Y	

\* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 0.00
- 2 Total received this period \$ 5,150.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 5,150.00 (To Form No. 30-A)

# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>COMMITTEE TO ELECT BRIAN LINICK</b>				
Full Name of Contributor <b>Brian Linick</b>	Employer, Occupation, Labor Organization * <b>Attorney</b>	Registration Number, if PAC		
Street Address <b>26705 Hurlingham Road</b>	Description of Item or Service <b>magnets</b>	M <b>0</b>	D <b>5</b>	Fair Market Value <b>145.46</b>
City <b>Beachwood</b>	State <b>OH</b>	Y <b>2</b>	Y <b>2</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Zip Code <b>44122</b>				
Full Name of Contributor <b>Brian Linick</b>	Employer, Occupation, Labor Organization * <b>Attorney</b>	Registration Number, if PAC		
Street Address <b>26705 Hurlingham Road</b>	Description of Item or Service <b>Printing - Door Hangers</b>	M <b>0</b>	D <b>5</b>	Fair Market Value <b>183.18</b>
City <b>Beachwood</b>	State <b>OH</b>	Y <b>2</b>	Y <b>3</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Zip Code <b>44122</b>				
Full Name of Contributor <b>Brian Linick</b>	Employer, Occupation, Labor Organization * <b>Attorney</b>	Registration Number, if PAC		
Street Address <b>26705 Hurlingham Road</b>	Description of Item or Service <b>Emery Boards</b>	M <b>0</b>	D <b>7</b>	Fair Market Value <b>428.00</b>
City <b>Beachwood</b>	State <b>OH</b>	Y <b>1</b>	Y <b>7</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Zip Code <b>44122</b>				
Full Name of Contributor <b>Brian Linick</b>	Employer, Occupation, Labor Organization * <b>Attorney</b>	Registration Number, if PAC		
Street Address <b>26705 Hurlingham Road</b>	Description of Item or Service <b>Facebook Advertising (July)</b>	M <b>0</b>	D <b>7</b>	Fair Market Value <b>74.20</b>
City <b>Beachwood</b>	State <b>OH</b>	Y <b>3</b>	Y <b>1</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Zip Code <b>44122</b>				
Full Name of Contributor <b>Brian Linick</b>	Employer, Occupation, Labor Organization * <b>Attorney</b>	Registration Number, if PAC		
Street Address <b>26705 Hurlingham Road</b>	Description of Item or Service <b>Facebook Advertising (Aug)</b>	M <b>0</b>	D <b>8</b>	Fair Market Value <b>126.67</b>
City <b>Beachwood</b>	State <b>OH</b>	Y <b>3</b>	Y <b>1</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Zip Code <b>44122</b>				
Full Name of Contributor <b>Brian Linick</b>	Employer, Occupation, Labor Organization * <b>Attorney</b>	Registration Number, if PAC		
Street Address <b>26705 Hurlingham Road</b>	Description of Item or Service <b>Facebook Advertising (Sept)</b>	M <b>0</b>	D <b>9</b>	Fair Market Value <b>298.71</b>
City <b>Beachwood</b>	State <b>OH</b>	Y <b>3</b>	Y <b>0</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Zip Code <b>44122</b>				
Full Name of Contributor <b>Brian Linick</b>	Employer, Occupation, Labor Organization * <b>Attorney</b>	Registration Number, if PAC		
Street Address <b>26705 Hurlingham Road</b>	Description of Item or Service <b>Facebook Advertising (Oct)</b>	M <b>1</b>	D <b>0</b>	Fair Market Value <b>280.98</b>
City <b>Beachwood</b>	State <b>OH</b>	Y <b>1</b>	Y <b>5</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Zip Code <b>44122</b>				
Full Name of Contributor <b>Brian Linick</b>	Employer, Occupation, Labor Organization * <b>Attorney</b>	Registration Number, if PAC		
Street Address <b>26705 Hurlingham Road</b>	Description of Item or Service <b>Custom Glow Sticks</b>	M <b>0</b>	D <b>9</b>	Fair Market Value <b>343.44</b>
City <b>Beachwood</b>	State <b>OH</b>	Y <b>1</b>	Y <b>8</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Zip Code <b>44122</b>				

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>COMMITTEE TO ELECT BRIAN LINICK</b>				
Full Name of Contributor <b>Brian Linick</b>	Employer, Occupation, Labor Organization * <b>Attorney</b>	Registration Number, if PAC		
Street Address <b>26705 Hurlingham Road</b>	Description of Item or Service <b>Food &amp; Drink</b>	M <b>0</b>	D <b>9</b>	Fair Market Value <b>550.00</b>
City <b>Beachwood</b>	State <b>OH</b>	Y <b>1</b>	Zip Code <b>44122</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor <b>Andrew Spitz</b>	Employer, Occupation, Labor Organization * <b>Sterling Natl Bank</b>	Registration Number, if PAC		
Street Address <b>145 Jackson Rd.</b>	Description of Item or Service <b>Printing/Copies</b>	M <b>1</b>	D <b>0</b>	Fair Market Value <b>550.00</b>
City <b>Orange Village</b>	State <b>OH</b>	Y <b>1</b>	Zip Code <b>44122</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Fair Market Value
City	State	Y	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Fair Market Value
City	State	Y	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Fair Market Value
City	State	Y	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Fair Market Value
City	State	Y	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Fair Market Value
City	State	Y	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Fair Market Value
City	State	Y	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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